

ISSUE SLIP STAPLE AREA (for additional cross review)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SS</i>		09/15/00
O.I.P.E. CLASSIFIER	<i>W</i>	52	9/15
FORMALITY REVIEW	TN	5C 870	15 19 10
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N
 = Allowed I
 - Canceled A
 + (Through numeral) Restricted O

Non-elected
 Interference
 Appeal
 Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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Claim	Final	Original	Date
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)